

Printed 12/15/2003

APPLICATION NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCK
09/853,568	08/03/2001	345	2673	1960-001

APPLICANT

CATHERINE SHOEMAKER, BEAUMONT, TX.

CONTINUING DOMESTIC DATA**
VERIFIED

371 (NAT'L STAGE) DATA**
VERIFIED

FOREIGN APPLICATIONS**
VERIFIED

FOREIGN FILING LICENSE GRANTED 07/12/2001

Foreign priority claimed 35 USC 119 (a-d) conditions met	O yes O no O yes O no O Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPH CLA
Verified and acknowledged	_____ Examiner's Name Initials	TX	2	12	3

ADDRESS

CONLEY ROSE, P.C.
P. O. BOX 3267
HOUSTON , TX 77253-3267

TITLE

METHOD AND APPARATUS FOR MAKING MEDICINE CONTAINER



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6318

SERIAL NUMBER 09/853,568	FILING DATE 08/03/2001 RULE	CLASS 345 283	GROUP ART UNIT 2673 3722	ATTORNEY DOCKET NO. 1960-00100
APPLICANTS Catherine Shoemaker, Beaumont, TX;				
** CONTINUING DATA ***** <i>me</i>				
** FOREIGN APPLICATIONS ***** <i>me</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 07/12/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		STATE OR COUNTRY TX	SHEETS DRAWING 2	TOTAL CLAIMS 12
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 3		
ADDRESS 23505				
TITLE Method and apparatus for <i>making</i> medicine container				
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 6318

SERIAL NUMBER 09/853,568	FILING DATE 08/03/2001 RULE	CLASS 283	GROUP ART UNIT 3722	ATTORNEY DOCKET NO. 1960-00100	
APPLICANTS Catherine Shoemaker, Beaumont, TX; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/12/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY TX	SHEETS DRAWING 2	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
ADDRESS 23505 CONLEY ROSE, P.C. P. O. BOX 3267 HOUSTON, TX 77253-3267					
TITLE Method and apparatus for making medicine container					
FILING FEE RECEIVED 439	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____		